

Lobbying Supplemental Registration Form

To be used for changes to registrations and terminations.

**Instructions**

- Print ink only
Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70811, (225) 923-8777 or (800) 842-6630. No fee is required.
This form must be submitted within 5 days of any changes in your registration form, if you add employees to those you represent, or if you cease all activities regarding registration. It must be submitted within 10 days of any terminations of my agency or business.

FOR OFFICE USE ONLY
 Postmark Date 6-3-08
*Supp-L**Ockr***1072399**1. NAME Carlon Christopher P.
last first middle initial2. BUSINESS PHONE: (225) 336-52003. BUSINESS ADDRESS 450 Laurel Street, Suite 1900 Baton Rouge, LA 70801
Street and No. City State ZipMAIL ADDRESS same
Street and No. City State Zip4. EMPLOYER'S ADDRESS Adams & Reese LLP5. EMPLOYER'S ADDRESS same
Street and No. City State Zip6. Have you ceased or terminated lobbying activities regarding registration? Yes no

7. LIST IN LOW ORDER OF PERSONS, GROUPS, OR ORGANIZATIONS WHICH YOU ARE ADDING OR ELIMINATING; (b) THE ADDRESS OF EACH SUCH PERSON, GROUP OR ORGANIZATION LISTED; (c) THE TYPE OF BUSINESS EACH IS ENGAGED IN OR THE PURPOSE OR FUNCTION OF THE ORGANIZATION OR GROUP; (d) WHETHER ANYONE ELSE OR SOMEONE ELSE PAYS YOU TO LOBBY; AND (e) THE DATE OF TERMINATION IF APPLICABLE.

8. Name Hallie CorporationAddress 342 1/2 Shady Grove Road Memphis, TN 38120Business or purpose Transportation New Representative
Does this person pay you? NONo, who pays? Adams and Reese LLP Termination date information as of _____

SUPPLEMENTAL REGISTRATION FORM

L48523
Lobbyist's Registration Number

1. Name _____

A. Street _____

B. Business or purpose _____

New Representative
Does this person pay you? _____

If no, who does? _____

Terminated Representation as of _____

2. Name _____

A. Street _____

B. Business or purpose _____

New Representative
Does this person pay you? _____

If no, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist

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